

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO: 101593420  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		5						56					
7		5						57					
8		①						58					
9		①						59					
10		①						60					
11		①						61					
12		①						62					
13		①						63					
14		①						64					
15		①						65					
16		①						66					
17								67					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	↓		↓		↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.	23	←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS	24	████████	████████	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████	████████	████████